DOCTORS
MEDICAL CENTER

Doctors Medical Center Management Authority, JPA Board Meeting

Wednesday, July 28, 2010

3:00 PM – Auditorium

Doctors Medical Center

2000 Vale Road

San Pablo, CA

DOCTORS MEDICAL CENTER MANAGEMENT AUTHORITY

Doctors Medical Center Management Authority,
JPA Board
Wednesday, July 28, 2010– 3:00 pm
Doctors Medical Center - Auditorium
2000 Vale Road, San Pablo, CA 94806

Governing Board
Supervisor John Gioia, Chair
Stephen Arnold, M.D.
Pat Godley
Supervisor Federal Glover
Bill Walker, M.D.
Beverly Wallace
Eric Zell

AGENDA

1. Call to Order and Roll Call

2. Approve Minutes of Board Meeting of June 23, 2010

3. Public Comment
   [At this time persons in the audience may speak on any items not on the Agenda which are within the jurisdiction of the Doctors Medical Center Management Authority.]

Closed Session

4. Conference with Labor Negotiators (pursuant to Government Code Section 554957.6)Agency Negotiators: David Ziolkowski, Chief Operating Officer: California Nurse Association

Open Session

5. *Report of Reportable Action(s) Taken During Closed Session, if any.*

6. Quality Report

7. CEO Report

8. Adjournment

DOCTORS
MEDICAL CENTER

Minutes – June 23, 2010

Tab 3

DOCTORS MEDICAL CENTER MANAGEMENT AUTHORITY

Doctors Medical Center Management Authority
Governing Board Meeting
June 23, 2010 – 3:00 pm
Doctors Medical Center - Auditorium
2000 Vale Road, San Pablo, CA 94806

Governing Board
Supervisor John Gioia, Chair
Supervisor Federal G. Glover
Pat Godley
Stephen Arnold, M.D.
Bill Walker, M.D.
Beverly Wallace
Eric Zell

Minutes

1. **Call to Order and Roll Call – 3:15 p.m.**

   Quorum was established; roll was called.

   Voting Members: *Eric Zell*, *Beverly Wallace*, *Stephen Arnold, M.D.*, *Pat Godley*

   Excused Absence: *Supervisor John Gioia, Chair*, *Supervisor Federal D. Glover*, *Bill Walker, M.D.*

2. **Approval of Minutes - Board Meeting of May 26, 2010**

   The motion made by Mr. Zell and seconded by Dr. Arnold to approve the minutes of the May 26, 2010 meeting passed unanimously.

3. **Public Comments**

   There were no public comments.

4. **Presentation and Acceptance of the May 2010 Financial Statements**

   Richard Reid, CFO, reported May 2010 net income was a gain of $1.1 million on a budget of $850,000; case mix adjusted average length of stay increased to 3.89 days and the average daily census was 88. He reported that the total cash balance is $11.9 million and there are 31 days of cash on hand.

   Mr. Reid reported that $77,000 has been achieved towards recovery of $2 million deficit identified from various action plans put in place.

   The motion made by Ms. Wallace and seconded by Dr. Arnold to approve the May 2010 financials passed unanimously.

5. **Paragon Information Systems: Recommendation to the District Board to Purchase/Implement Paragon Information Systems**

The Federal Initiative to support hospital adoption of electronic medical records was reviewed. DMC will now be able to implement electronic health care records because funding has become available through President Obama's American Recovery & Reinstatement Act which sets aside $20 billion for healthcare IT.

David Ziolkowski, Chief Operating Officer, sought recommendation by JPA to the District Board approval and authorization to execute on behalf of DMC a contract with McKesson for the installation of Paragon Health Information System to use in conjunction with the implementation of electronic health care records. Mr. Ziolkowski gave a power point presentation comparing the different options available to DMC. Of the three options, Paragon provides the lowest cost alternative to gain Federal incentive money and will ultimately reduce our current operating costs. Key benefits of the Paragon include: Improve medication safety; utilization of evidence-based best practices; increase revenue cycle; and improve employee productivity. The fiscal impact is $2.4 million spread over 18 months.

The motion made by Mr. Godley and seconded by Ms. Wallace to recommend to District Board approval and authorization of Chief Operating Officer or designee to execute on behalf of DMC, a contract with McKesson for the installation of Paragon Health Information System to be used in conjunction with the implementation of an electronic medical health records passed unanimously.

6. **Employee Health Benefits: Approval of Keenan and Associates T.P.A. Contract**

Rick Reid, Chief Financial Officer, sought approval and authorization to execute on behalf of DMC, a 29 month or 2 years 5 months contract with Keenan & Associates for Third Party Administration Services of the employee healthcare insurance coverage. The total contract cost is $656,536 with implementation date of August 1, 2010. Mr. Reid reported that 5 RFP's were sent out and only two responded; the current vendor did not respond.

In response to Mr. Zell's query, Counsel pointed out that historically counsel never reviewed contracts at DMC; the senior management generally reviews them. He added this is also the practice at other institutions; review is done on a case-by-case basis. Joseph Stewart, President/CEO will meet with counsel to come to review protocols.

A motion was made by Ms. Wallace to approve and authorize CFO to execute on behalf of DMC, a 29-month or 2 years 5 months contract with Keenan & Associates for Third Party Administration Services of the employee healthcare insurance coverage. Mr. Zell seconded the motion but asked for limited review by counsel. Motion passed unanimously.

7. **CEO Report**

- Joseph Stewart, President/CEO, reported that the Emergency Department physicians' (CEP) contract is ending. After meeting with CEP, the contract was extended for 90 days so they can complete a response to our RFP. Mr. Stewart is working with Dr.

Drager regarding physician review and with counsel regarding legality. Dr. Drager identified a panel of physicians through MEC. Mr. Stewart will bring back recommendation to the Board.

- DMC Outpatient Center Update - Joseph Stewart introduced Holly Purcell, Marketing and Business Development Manager, and Brad Terres of Terres Design who has been working with Ms. Purcell on the advertisements for the new Outpatient Center. David Ziolkowski, COO, gave a power point presentation of the new Outpatient Center. The outpatient center located at 100A Towne Center in San Pablo off of I80 and San Pablo Dam Road will open on Monday, July 12th with the following events scheduled:

    - July 14, 11am to 1 p.m. - Employee Open House Luncheon for Doctors Medical Center Employees and Staff
    - July 14, 5:30pm-7: 30pm - VIP celebration & Open House (Board members were encouraged to attend this event)
    - August 26, 4pm-6pm - Final event "Ribbon Cutting"

  Following are some of the services offered at the new Outpatient Center: Outpatient Physician Rehabilitation; Medical Nutrition Therapy; Diabetes Self-Management Education; Wellness Program; Cardiac Rehabilitation; Imaging Services; Laboratory Draw Station; Preoperative Testing and primary care physician offices.

- Mr. Stewart reported that a major water pipe line broke over the weekend; the hospital's well pump took over when the water pipe broke so there was no lapse in water service. DMC engineers built a new water pipe to replace the broken one.

- Mr. Stewart provided the Board members with a copy of the Pulse Report, which was published in 2009 by Press Ganey. It is a report, which lists five things patients want the most and the top ten hospitals in the nation. This report is published nationally.

8. **Conference with Labor Negotiators (pursuant to Government Code Section 554957.6) Agency Negotiators: David Ziolkowski, Chief Operating Officer: California Nurses' Association**

   The JPA Board went into closed session at 4:50 p.m.

9. **Report of Reportable Action(s) Taken During Closed Session**

   There were no reportable actions taken in closed session.

10. **Adjournment**

    There being no further business, the meeting adjourned at 4:50 p.m.

DOCTORS
MEDICAL CENTER

Quality Report

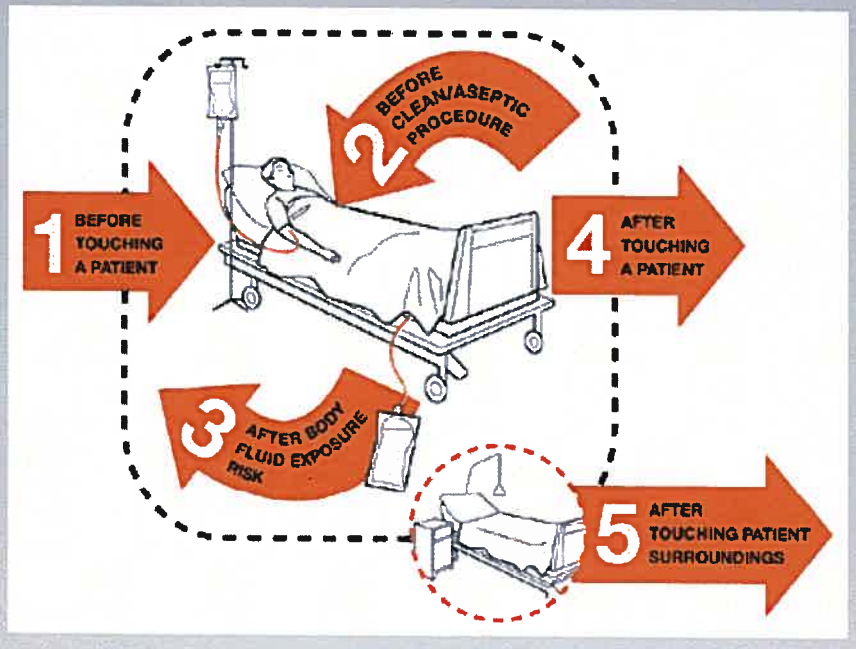
Tab 6

Infection Prevention and Control

Performance Improvement Project

Kim Porter, RN

June 2010

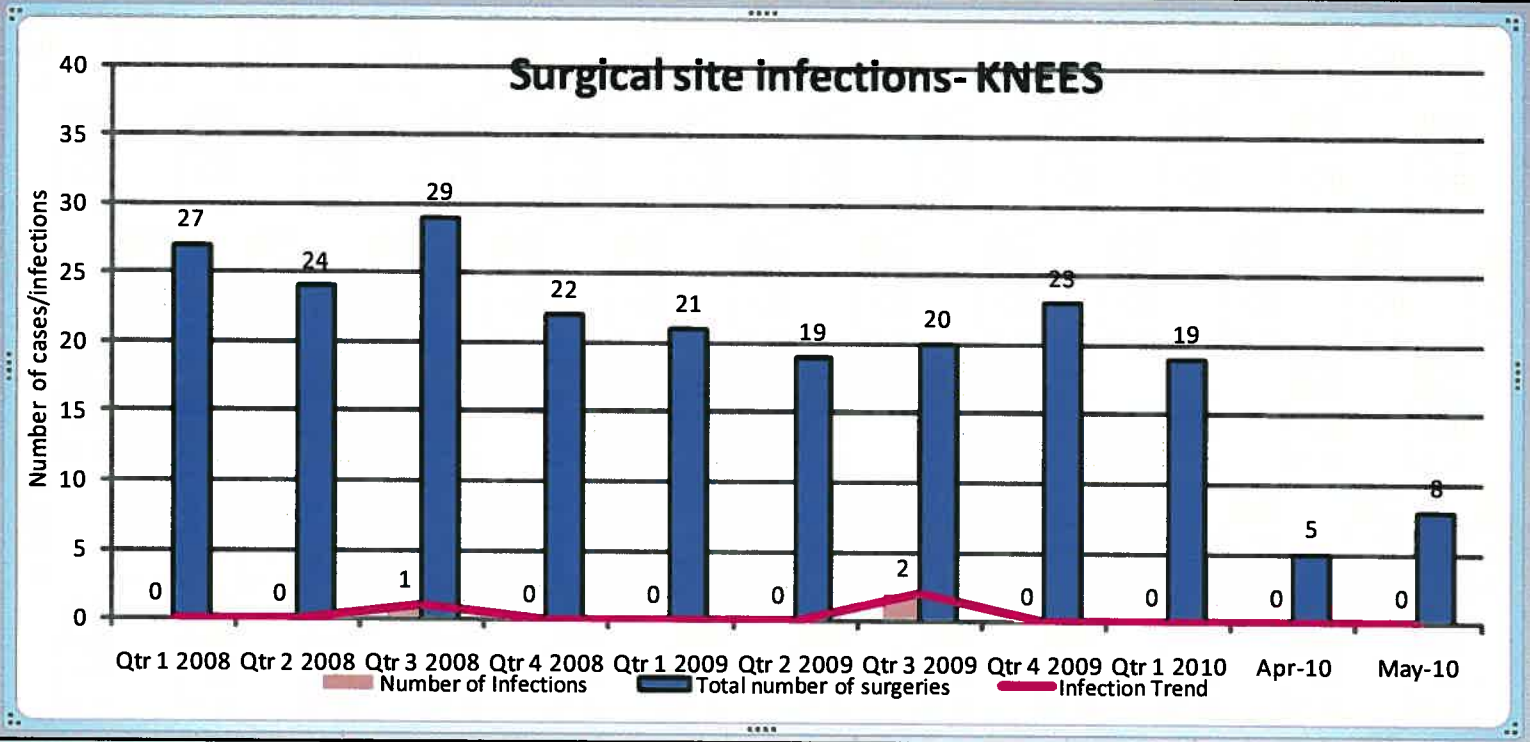


Hand Hygiene

Hand Hygiene 2009-2010

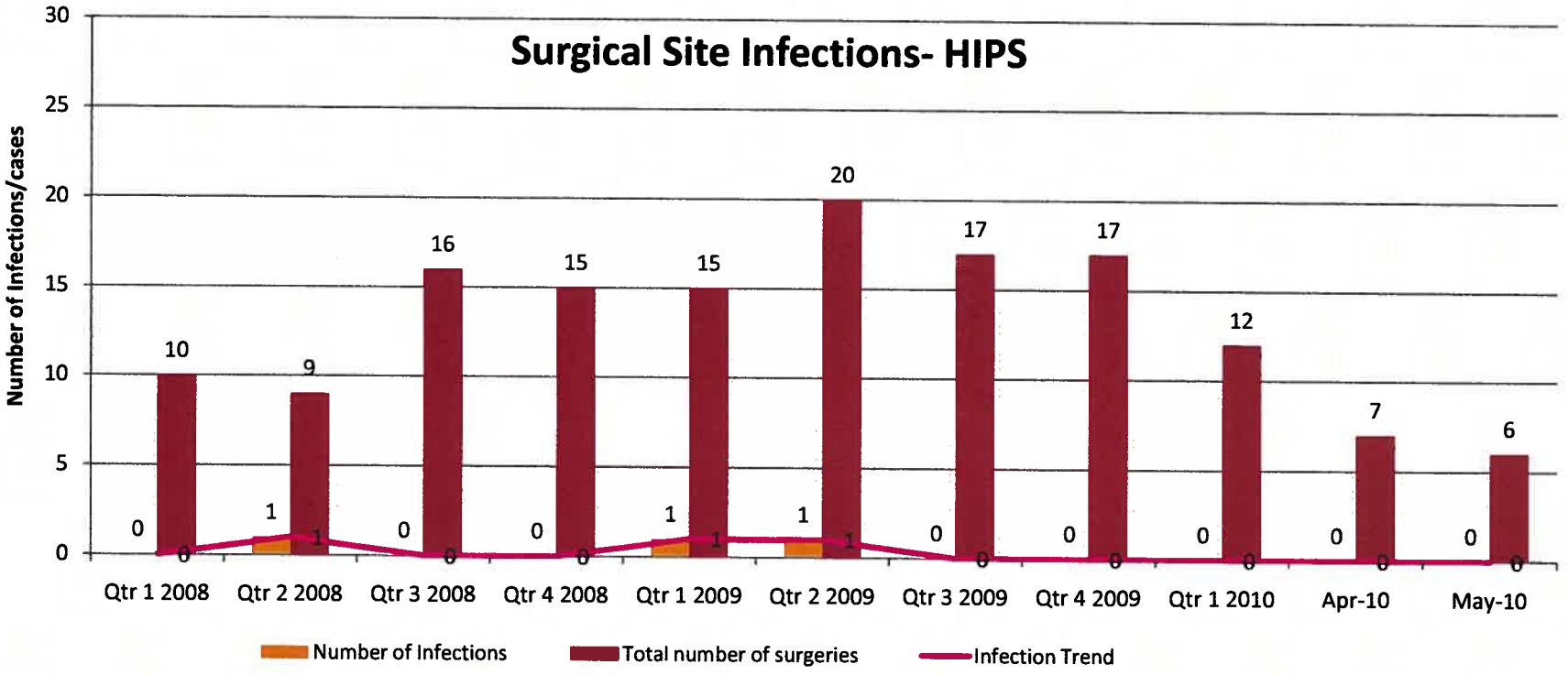
Surgical Site Infections

Plan - Indicator:	**Do - Measurement:**	
Quality Metric: Surgical Site Infections	Numerator:	Number of Infections **CY10Q1, April and May -0**
	Denominator:	Total number of in-patient knee surgeries- **32**



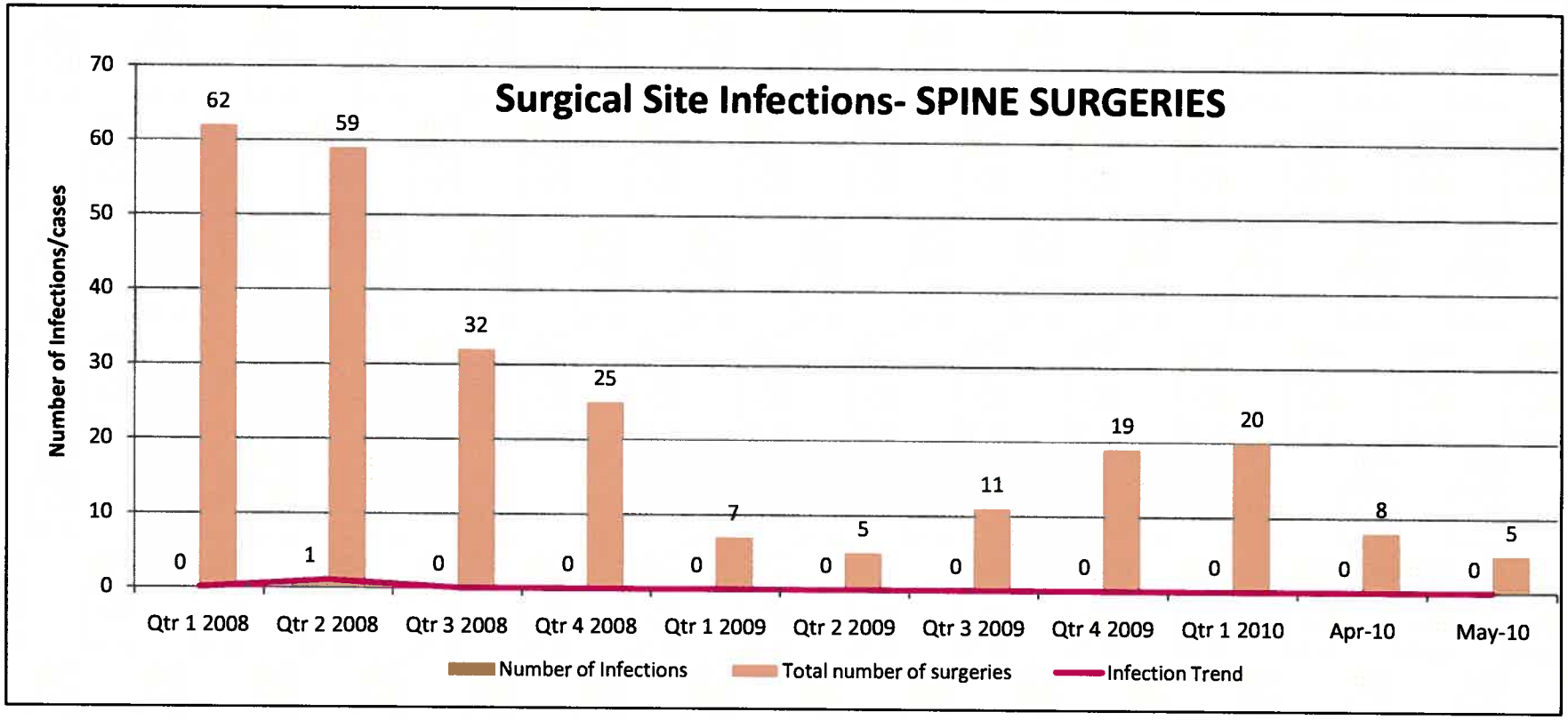
Conclusions:	**Actions Taken:**
No surgical site knee infections for 2010 are noted.	Continue to encourage proper sterile technique, perform semi-annual Environment of Care rounds, work with the director to provide a safe, clean, and effective area, and continue to track infections so potential problems can be looked at and addressed.

Plan - Indicator:	**Do** - Measurement:	
Quality Metric: Surgical Site Infections- HIPS	Numerator:	Number of Infections **CY10Q1, April & May- 0**
	Denominator:	Total number of patient hip surgeries- **25**



Conclusions:	**Actions Taken:**
No Surgical Site Hip Infections for 2010 are noted.	Continue to encourage proper sterile technique, perform semi-annual Environment of Care rounds, work with the director to provide a safe, clean, and effective work area, and continue to track infections so potential problems can be looked at and addressed.

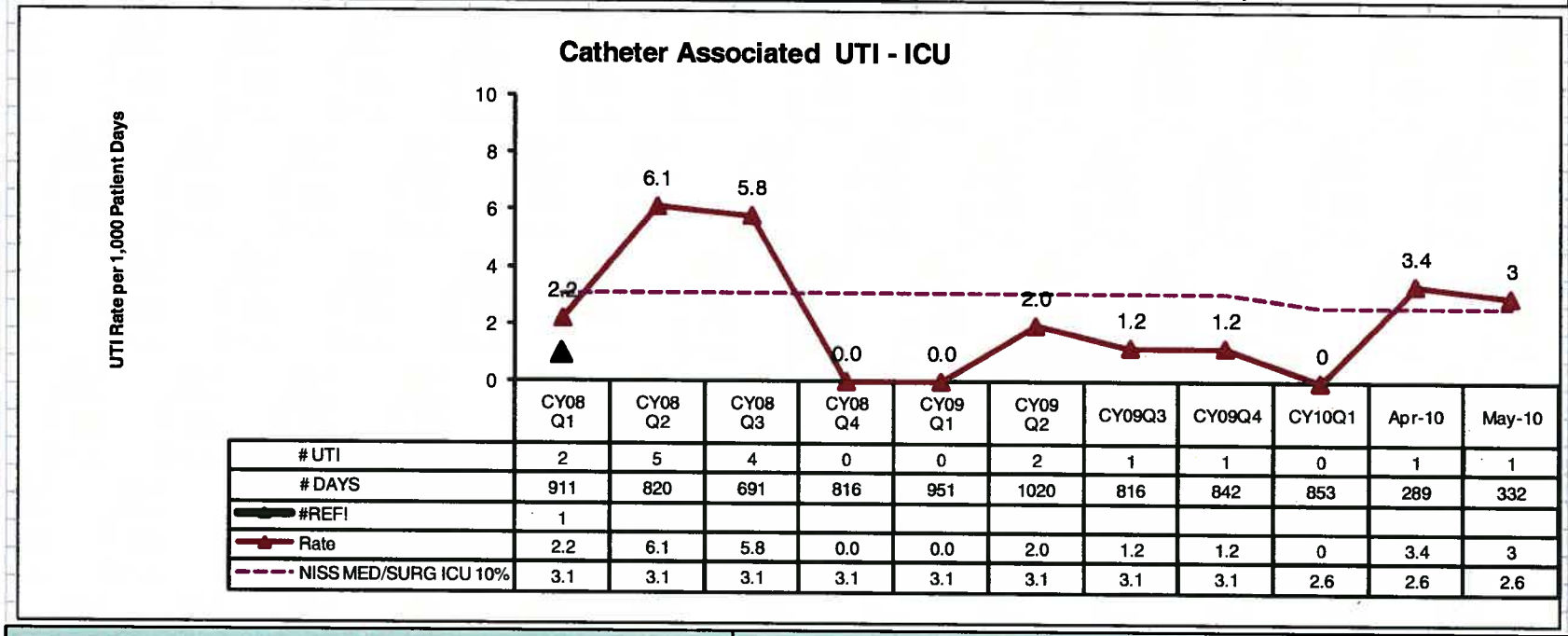
Plan - Indicator:	**Do - Measurement:**	
Quality Metric: Surgical Site Infections	Numerator:	Number of Infections **CY10Q1, April & May- 0**
	Denominator:	Total number of in-patient laminectomy surgeries-**0**



Conclusions:	**Actions Taken:**
No laminectomy infections since May 2008. The denominators decreased significantly with Dr. Pappas not having cases. They are currently on the rise again.	Continue to encourage proper sterile technique, perform semi-annual Environment ol Care rounds, work with the director to provide a safe, clean, and effective work area, and continue to track infections so potential problems can be looked at and addressed.

Catheter Associated UTIs

Plan - Indicator:	Do - Measurement:	
Quality Metric: ICU, Infection Control	Numerator:	Number of catheter associated UTIs
	Denominator:	Total number of UTIs x 1,000 pt days



	CY08 Q1	CY08 Q2	CY08 Q3	CY08 Q4	CY09 Q1	CY09 Q2	CY09Q3	CY09Q4	CY10Q1	Apr-10	May-10
# UTI	2	5	4	0	0	2	1	1	0	1	1
# DAYS	911	820	691	816	951	1020	816	842	853	289	332
#REF!	1										
Rate	2.2	6.1	5.8	0.0	0.0	2.0	1.2	1.2	0	3.4	3
NISS MED/SURG ICU 10%	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	2.6	2.6	2.6

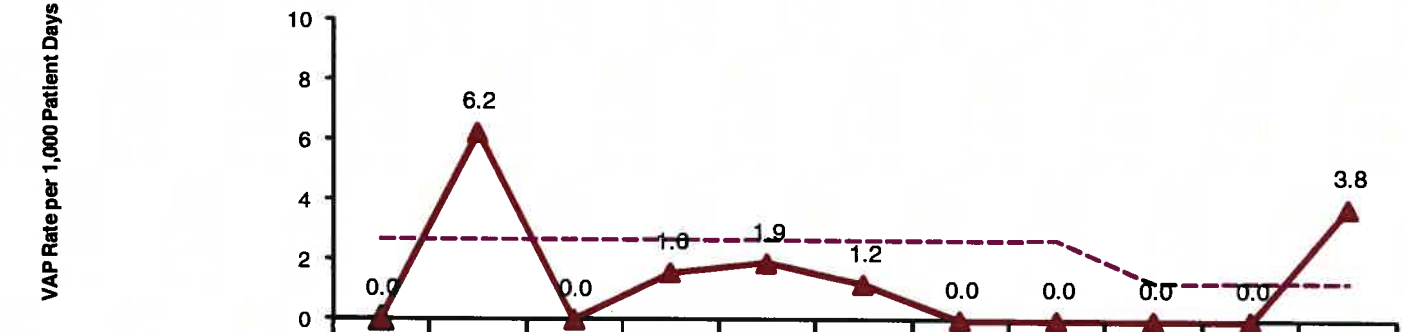
Conclusions:		Actions Taken:	
CY10 Q1, April & May	Please note that NHSN benchmark rates changed Jan 2010. One UTI in April and one in May. APRIL- Foley present 15 days. E. faecalis TEMP 101.6. MAY- Foley present 8 days. A. baumannii TEMP 101.6	CY10 Q1, April & May	Infection control working with ED and nursing staff to maintain sterility during insertion, daily Foley care and to remove Foley if possible.

"Zap VAP"

Ventilator Associated Pneumonia

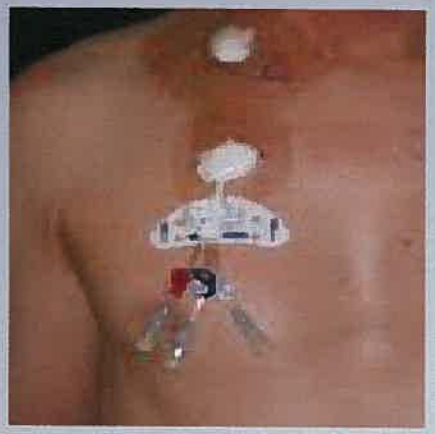
Plan - Indicator:	**Do - Measurement:**	
Quality Metric: ICU, Infection Control	Numerator:	Number of ventilator associated pneumonias
Ventilator-associated pneumonia (VAP) is an respiratory infection that develped more than 48 hours after intubation. Use of the IHI Ventilator Bundle improves the prevention of VAP.	Denominator:	Total number of ventilator days x 1,000 pt days

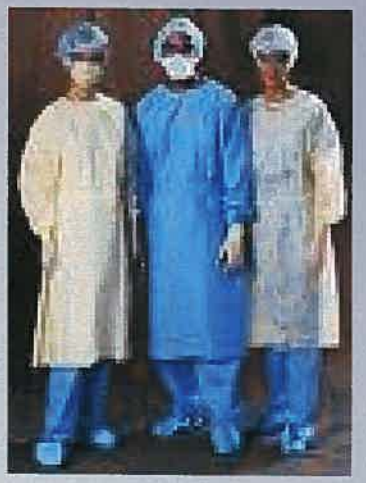
Ventilator Associated Pneumonia - ICU

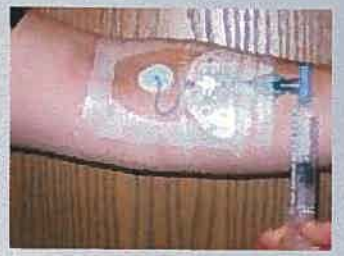


	CY08 Q1	CY08 Q2	CY08 Q3	CY08 Q4	CY09 Q1	CY09 Q2	CY09Q3	CY09Q4	CY10Q1	Apr-10	May-10
# VAP	0	3	0	1	1	1	0	0	0	0	1
# VENT DAYS	586	481	509	634	524	807	621	651	814	232	260
#REF!	0.0										
VAP Rate	0.0	6.2	0.0	1.6	1.9	1.2	0.0	0.0	0.0	0.0	3.8
NISS MED/SURG ICU 10%	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	1.3	1.3	1.3

Conclusions:		**Actions Taken:**	
CY10 Q1, April & May	Please note the NHSN benchmark changed in Jan 2010. One VAP since in May 2010. Pt was extubated, aspirated and had to be re-intubated in less than 24 hrs. Vented for 7 days. E. faecalis from BAL.	CY10 Q1, April & May	Root Cause Analysis done- pt aspirated, not caused by staff. ICP will continue to evaluate and teach proper procedures r/t prevention of VAP.



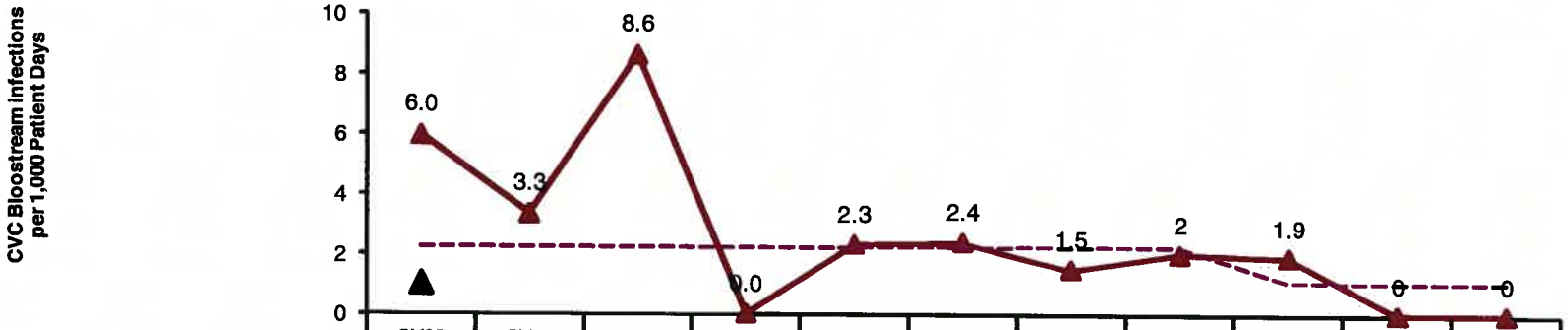




Central Line Associated Blood Stream Infections

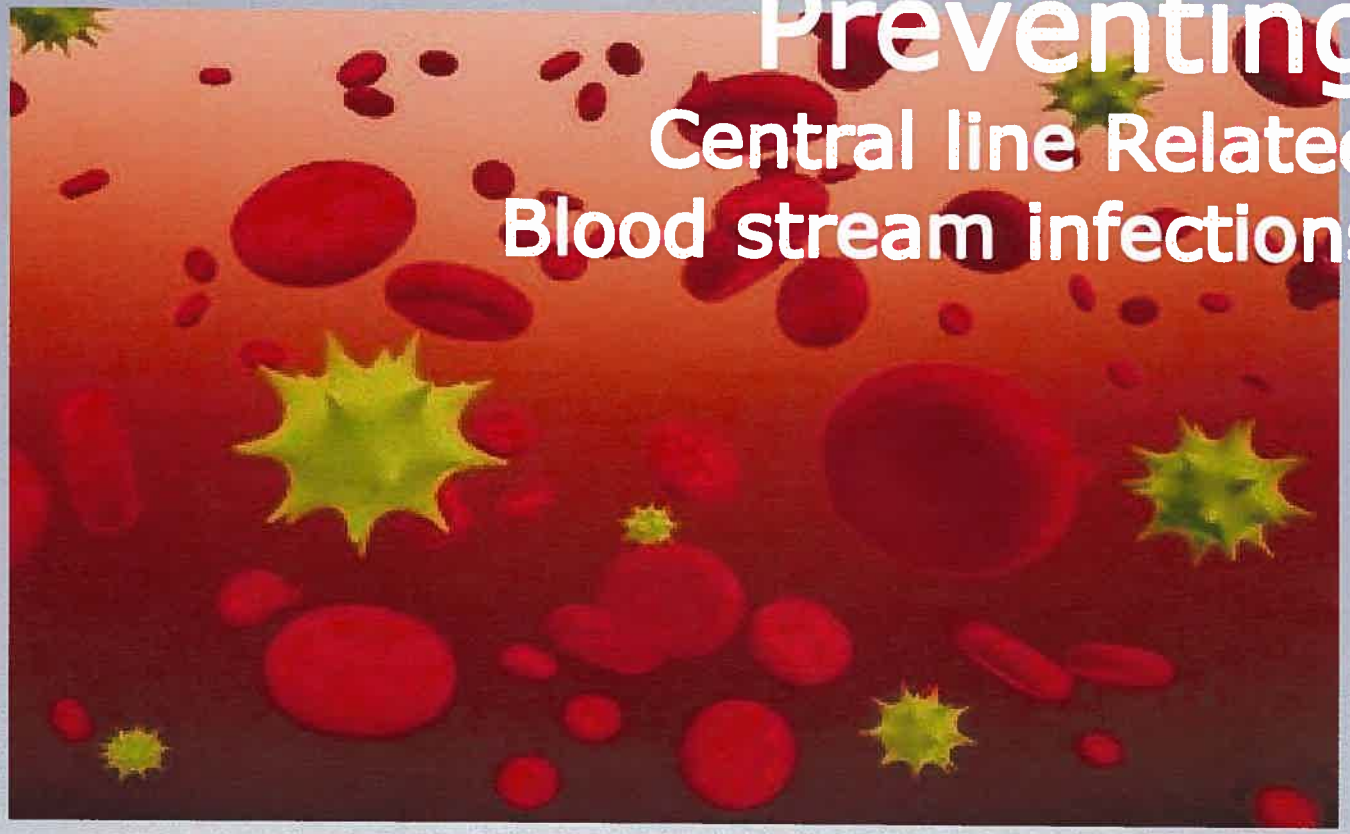
Plan - Indicator:	**Do - Measurement:**	
Quality Metric: ICU, Infection Control	Numerator:	Total number of infections per 1,000 pt days
	Denominator:	Total number of patients with Central lines

Central Venous Catheter Bloodstream Infections - ICU



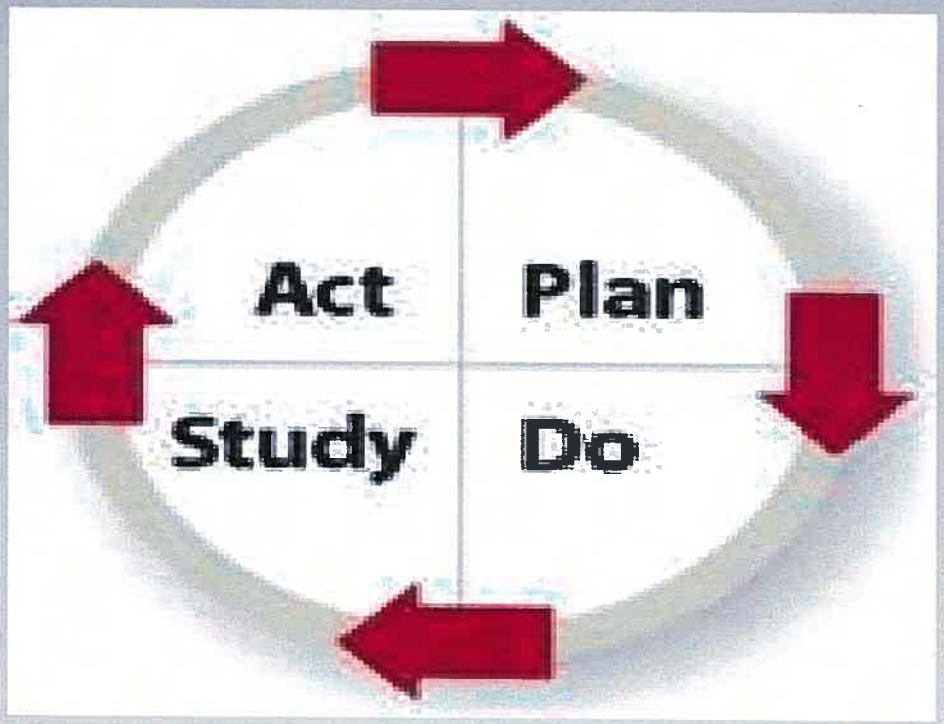
	CY08 Q1	CY08 Q2	CY08 Q3	CY08 Q4	CY09 Q1	CY09 Q2	CY09Q3	CY09Q4	CY10Q1	April-10	May-10
# CVC	4	2	4	0	2	2	1	1	1	0	0
# DAYS	672	600	463	568	861	818	637	494	505	152	261
#REF!	1										
Rate	6.0	3.3	8.6	0.0	2.3	2.4	1.5	2	1.9	0	0
NISS MED/SURG ICU 10%	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	1.1	1.1	1.1

Conclusions:		**Actions Taken:**	
CY10Q1, April & May	Zero blood stream infections for February, March, April & May. One in January- ESRD patient with positive MRSA AST. Rt SC placed 01/14/10, grew MRSA from peripheral stick, central line and cath tip on 01/18/10.	CY10Q1, April & May	Discussions with renal physicians/dialysis RNs to develop process to initiate daily Chlorhexidine baths to decrease infections. Project to begin June 2010.



Preventing
Central line Related
Blood stream infections

Performance Improvement



Performance Improvement

Plan-

Decrease central line associated blood stream infections (CLABSIs) to ZERO in the Intensive Care Unit and on floors within 6 months to begin July 1, 2010 by focusing on daily Chlorhexidine baths for all patients with central lines.

Performance Improvement

Do-

Initiated daily Chlorhexidine baths on July 1, 2010 -

- physicians order the bath at the same time the X-ray for line placement is ordered
- Education done with nursing
- Started bathing patients with central lines

Performance Improvement

Study-

- Infection Preventionist will audit charts (10 per week) to ensure Chlorhexidine is being ordered and daily baths are being given.
- Infection Preventionist will report findings to Infection Control Committee and PI committee.

Performance Improvement

Act-

- Re-assess after 6 months to see if daily Chlorhexidine baths have brought our central line associated blood stream infection rate down to ZERO.

Performance Improvement

Thanks!

And don't forget to wash your hands.

DOCTORS MEDICAL CENTER
2000 Vale Road
San Pablo, CA 94806

PNEUMONIA
CORE MEASURE DOCUMENTATION
BR-6151-404 (7/10)

Patient Sticker Here

CORE MEASURE ALERT!

Pneumonia patients must have the following documented:

Pneumonia (PN)	Initials	
☐ ICU ☐ Non ICU ☐ Pseudomonal Disk		MD To Complete
1. **If blood cultures orders, then obtained prior to 1st antibiotic received:** ☐ Yes ☐ No If no, MD listed reason in progress notes: _____	_____	
2. **Antibiotics given in <u>less than 6 hours</u> of arrival:** ☐ Yes ☐ No If no, MD listed contraindications in progress notes: _____	_____	
3. **Adult Smoking Cessation:** ☐Smoker (If smoked within 12 months) ☐ Non-Smoker Smoking Cessation counseling provided: ☐ Yes ☐ Patient Refused	_____	RN to Complete
4. **Pneumonia Vaccination Status:** (see contraindications below) (Given to all patients over 50 yrs old, **YEAR ROUND**) ☐ Given this admission ☐ Given Previously ☐ Patient Refused or unable to consent ☐ Contraindication noted in PCIS standing order screen or MD progress note ☐ Immunization history charted in PCIS Immunization Screen **Contraindication to Vaccination:** ☐ Prior hypersensitivity to pneumococcal vaccine ☐ Patients planning to receive cancer chemotherapy within 2 weeks (will work with oncologists to administer prior to admission) ☐ Prior pneumococcal immunization within 5 years ☐ Presence of acute respiratory disease or other active infections or acute febrile illness at the time of vaccination ☐ Age under 50 years old unless the patient has HIV, chronic pulmonary or cardiac disease or impending immunosupression		
5. **Influenza Vaccination Status:** (see contraindications below) (Given to all patients greater than or equal to 50 yrs old, **Oct-March**) ☐ Given this admission ☐ Given Previously ☐ Patient Refused or unable to consent ☐ Contraindication noted in PCIS standing order screen or MD progress note ☐ Immunization history charted in PCIS Immunization Screen **Contraindication to Vaccination:** ☐ Prior hypersensitivity reactions to influenza vaccination or egg protein ☐ History of Guillain – Barré syndrome ☐ Presence of acute respiratory disease or other active infections or febrile illnesses unless primary care physician feels that it is premissible		

Please ensure all items have been addressed prior to discharging the patient.
If this form is not completed in full, you must HOLD the discharge until completed.

Initials / Signature, Title	Date/Time	Initials / Signature, Title	Date/Time
Initials / Signature, Title	Date/Time	Initials / Signature, Title	Date/Time
Case Manager Initials / Signature	Date/Time	Case Manager Initials / Signature	Date/Time

Pneumonia Antibiotic Selection

Non ICU Patient	ICU Patient	Pseudomonal Risk
ß-lactam (IV/IM) + Macrolide (IV/PO) **OR** Antipneumococcal Quinolone monotherapy (IV/PO) **OR** ß-lactam (IV/IM) + Doxycycline (IV/PO) **OR** If less than 65 with no Risk Factors for Drug-Resistant Pneumococcus: Macrolide monotherapy (IV/PO) ß-lactam = Ceftriaxone (Rocephin), Cefotaxime (Claforan), Ampicillin/Sulbactam, Ertapenem (Ivanz) Macrolide = Erythromycin, Clarithromycin (Bizxin), Azithromycin Antipneumococcal Quinolones = Levofloxacin** (Levoquin) Moxifloxacin (Avelox), Gemifloxacin (Factive)	ß-lactam (IV) + Macrolide (IV) **OR** ß-lactam (IV) + Antipneumococcal Quinolone (IV) **OR** If documented ß-lactam allergy* Antipneumococcal Quinolone (IV) + Aztreonam (IV) ß-lactam = Ceftriaxone (Rocephin), Cefotaxime (Claforan), Ampicillin/Sulbactam, Macrolide = Erythromycin, Azithromycin Antipneumococcal Quinolones = Levofloxacin** (Levoquin) Moxifloxacin (Avelox),	These antibiotics would also be acceptable for ICU and Non-ICU patient with Pseudomonal Risk Antipseudomonal ß-Lactam (IV) + Antipseudomonal Quinolone (IV) **OR** Antipseudomonal ß-lactam (IV) + Aminoglycoside (IV) + either Antipneumococcal Quinolone (IV) **OR** Macrolide (IV) **OR** If documented ß-lactam allergy* Aztreonam (IV) + Antipneumococcal Quinolone (IV) + Aminoglycoside (IV) ***Aztreonam (IV) + Levofloxacin** (IV/PO) Antipseudomonal Quinolone = Ciprofloxcin (Cipro), Levofloxacin**(Levoquin) Antipseudomonal ß-lactam = Cefepime (Maxipime), Imipenem (Primaxin), Meropenem (Merrem) Piperacillin/Tazobactam (Zosyn) Aminoglycoside = Gentamicin, Tobramycin, Amikacin Antipneumococcal Quinolone = Levofloxacin**(Levaquin, Mopxifloxacin (Avelox) Macrolide = Azithromycin, Zithromax, Erythromycin

**Levofloxacin should be used in 750mg dosage when used in the management of patients with pneumonia.

***For patients with renal insufficiency.

DOCTORS MEDICAL CENTER
2000 Vale Road
San Pablo, CA 94806

Patient Sticker Here

ACUTE MYOCARDIAL INFARCTION
CORE MEASURE DOCUMENTATION
BR-6151-403 (7/10)

CORE MEASURE ALERT!

Acute Myocardial Infarction patients must have the following documented:

Acute Myocardial Infarction (AMI)	Initials	
1. **Aspirin Within 24 hr of Arrival:** ☐ Yes ☐ No If no, MD listed contraindications in progress notes: _____	_____	MD To Complete
2. **EKG completed within 5 minutes of arrival or onset of complaint within the Emergency Room Department:** ☐ Yes ☐ No ☐ EMS ☐ Walk-in ☐ Change of Status in ER	_____	
3. **ACEI or ARB for LVSD less than 40%:** ☐ Yes ☐ No If no, MD listed contraindications in progress notes: _____	_____	
4. **Beta Blocker ordered at Discharge:** ☐ Yes ☐ No If no, MD listed contraindications in progress notes: _____	_____	RN to Complete
5. **Aspirin ordered at Discharge:** ☐ Yes ☐ No If no, MD listed contraindications in progress notes: _____	_____	
6. **Adult Smoking Cessation:** ☐Smoker (If smoked within 12 months) ☐ Non-Smoker Smoking Cessation counseling provided: ☐ Yes ☐ Patient Refused	_____	
7. **Medication Reconciliation:** Signed on Admission: ☐ Yes, on chart Signed by patient, RN & MD at discharge ☐ Yes Top copy given to patient at discharge ☐ Yes Medication list complete and legible ☐ Yes	_____ _____ _____ _____	

Please ensure all items have been addressed prior to discharging the patient.
If this form is not completed in full, you must HOLD the discharge until completed.

Initials / Signature, Title	**Date/Time**
Initials / Signature, Title	**Date/Time**
Initials / Signature, Title	**Date/Time**
Initials / Signature, Title	**Date/Time**
Case Manager	

ACE Synonyms	ARB Synonyms	Beta Blocker Meds
ACCUPRIL	ATACAND	ACEBUTOLOL
ALTACE	AVAPRO	ATENOLOL
BENAZEPRIL	BEICAR	BETAPACE
BENAZEPRIL HCL	CANDESARTAN	BETAPACE AF
CAPOTEN	COZAAR	BISOPROLOL
CAPTOPRIL	DIOVAN	BISOPROLOL /fumarate
ENALAPRIL	IRBESARTAN	BLOCADREN
ENALAPRILAT	LOSARTAN	BREVIBLOC
FOSINOPRIL	MICARDIS	CARVEDILOL
LISINOPRIL	OLMESARTAN	COREG
LOTENSIN	TELMISARTAN	CORGARD
MAVIK	VALSARTAN	ESMOLOL
MOEXIPRIL		INDERAL
MOEXIPRIL HCL		INDERAL LA
PRINIVIL		LABETOLOL
QUNIAPRIL		METOPROLOL
QUINAPRIL HCL		NADOLOL
RAMIPRIL		NORMODYNE
TRANDOLAPRIL		PINDOLOL
UNIVASC		PROPRANOLOL
VASOTEC		PROPRANOLOL HCL
ZESTRIL		SECTRAL
		SORINE
		SOTALOL
		SOTALOL HC1
		TENORMIN
		TENORMIN I.V.
		TOPROL
		TOPROL-XL
		TRANDATE HCL
		ZEBETA

DOCTORS MEDICAL CENTER
2000 Vale Road
San Pablo, CA 94806

SURGICAL CARE IMPROVEMENT PROJECT
CORE MEASURE DOCUMENTATION
BR-6151-401 (7/10)

Patient Sticker Here

CORE MEASURE ALERT!

Surgical Care Improvement Project patients must have the following documented:

Surgical Care Improvement Project (SCIP)

Surgery Performed: _____

Pre-Operative Measures – Admit Nurse: _____

	Initials	
1. **Patient on Beta Blockers?** ☐ Yes ☐ No Was Beta Blocker continued peri-operatively: ☐ Yes ☐ No If no, MD listed reason in progress notes: _____	_____	MD to Complete

Intra-Operative Measures – Circulating Nurse: _____

1. **Recommended Prophylactic Antibiotic given to patient?** ☐ Yes ☐ No See back for list of included surgeries If no, MD listed contraindication in progress note: _____	_____	MD to Complete
2. **Prophylactic Antibiotic given within 1 hour / q incision** ***(2 hours for Vanco or floxins)?*** ☐ Yes ☐ No See back for list of included surgeries If no, MD listed contraindication in progress note: _____	_____	
3. **Hair Removal Method:** ☐ Hair Removal Cream ☐ Hair Clipping ☐ No Hair Removal **Razor NOT used:** ☐ Yes	_____	RN to Complete
4. **Intermittent Sequential Device (SCD) in place:** ☐ Yes ☐ No If no, MD listed contraindication in progress note: _____	_____	

Post-Operative Measures – PACU Nurse: _____

Primary Nurse: _____

1. **First Temperature (15 min after arrival) is ≥ 96.8° F? :** ☐ Yes ☐ No **Colorectal Surgeries ONLY**	_____	RN to Complete
2. **Venothromboembolism (VTE) Prophylaxis?** ☐ Yes ☐ No **(VTE) Prophylaxis initiated 24 hours prior to surgery up to 24 hours after surgery?** ☐ Yes ☐ No	_____	
3. **Post Operative Serum glucose controlled by 6AM on POD 1?** ☐ Yes ☐ No	_____	
4. **Prophylactic antibiotic stopped within 24 hours following surgery?:** ☐ Yes ☐ No	_____	
5. **Urinary Catheter removed on post operative day (POD) 1 or POD 2?** ☐ Yes ☐ No	_____	

Initials / Signature, Title	Date/Time	Initials / Signature, Title	Date/Time
Initials / Signature Case Manager	Date/Time	Initials / Signature, Title	Date/Time

Recommended Antibiotic Selections

Surgical Procedure	Approved Antibiotics
Vascular, CABG, or Cardiac	Cefazolin, Cefuroxime **If ß-lactam allergy**: Vancomycin **OR** Clindamycin
Hip / Knee	Cefazolin, Cefuroxime **If ß-lactam allergy**: Vancomycin **OR** Clindamycin
Colon	Cefoxitin **OR** Ampicillin-Sulbactam **OR** Cefazolin + Metronidazole **If ß-lactam allergy**: Clindamycin + Gentamicin **OR** Clindamycin + Quinolone **or** Metronidazole + Gentamicin, **or** Metronidazole + Quinolone
Hyster	Cefazolin, Cefoxitin, or Cefuroxime **If ß-lactam allergy**: Clindamycin + Gentamicin **OR** Clindamycin + Quinolone **or** Metronidazole + Gentamicin, **or** Metronidazole + Quinolone **or** Clindamycin monotheraphy
Vancomycin is acceptable with a physician documented justification for its use: **1.** Beta-lactam (penicillin or cephalosporin) allergy **2.** Known prior colonization w/MRSA **3.** High risk / acute hospitalization in last year **4.** High risk LTC setting in last year **5.** Increased MRSA rate **6.** Chronic wound care or dialysis **7.** Continuous inpatient stay > 24 hours prior	

VTE Prophylaxis

Surgery	Recommended Prophylaxis
Intracranial Neurosurgery Nat' Hospital Quality Measures: Appendix A, Table 5.17	Any of the following: ▪ **SCD, AV pump:** Intermittent pneumatic compression devices (IPC with or without graduated compression stockings (GCS) (eg: TED hose) ▪ **Heparin:** Low-dose unfractionated heparin (LDUH) ▪ **Lovenox:** Low molecular weight heparin (LMWH)* ▪ **LDUH or LMWH* combined with IPC or GCS** * Current guidelines recommend postoperative low molecular weight heparin for Intracranial Neurosurgery
Elective Spinal Surgery Nat' Hospital Quality Measures: Appendix A, Table 5.18	Any of the following: ▪ **Heparin:** Low-dose unfractionated heparin (LDUH) ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **SCD, AV pump:** Intermittent pneumatic compression devices (IPC) ▪ **TED hose:** Graduated compression stockings (GCS) ▪ **IPC** combined with **GCS** ▪ **LDUH or LMWH combined with PIC or GCS**
General Surgery ** Nat' Hospital Quality Measures: Appendix A, Table 5.19	Any of the following: ▪ **Heparin:** Low-dose unfractionated heparin (LDUH) ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **LDUH or LMWH combined with PIC or GCS**
Gynecologic Surgery Nat' Hospital Quality Measures: Appendix A, Table 5.20	Any of the following: ▪ **Heparin:** Low-dose unfractionated heparin (LDUH) ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **SCD, AV pump:** Intermittent pneumatic compression devices (IPC) ▪ **LDUH or LMWH combined with PIC or GCS**
Urologic Surgery Nat' Hospital Quality Measures: Appendix A, Table 5/21	Any of the following: ▪ **Heparin:** Low-dose unfractionated heparin (LDUH) ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **SCD, AV pump:** Intermittent pneumatic compression devices (IPC) ▪ **TED hose:** Graduated compression stockings (GCS) ▪ **LDUH or LMWH combined with PIC or GCS**
Elective Total Hip Replacement ** Nat' Hospital Quality Measures: Appendix A, Table 5.22	Any of the following: ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **Foundaparinux:** Factor Xa inhibitor ▪ **Warfarin**
Elective Total Knee Replacement Nat' Hospital Quality Measures: Appendix A, Table 5.23	Any of the following: ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **Foundaparinux:** Factor Xa inhibitor ▪ **Warfarin** ▪ **SCD, AV pump:** Intermittent pneumatic compression devices (IPC)
Hip Fracture Surgery ** Nat' Hospital Quality Measures: Appendix A, Table 5/24	Any of the following: ▪ **Heparin:** Low-dose unfractionated heparin (LDUH) ▪ **Lovenox:** Low molecular weight heparin (LMWH) ▪ **Foundaparinux:** Factor Xa inhibitor ▪ **Warfarin**
High Risk for Bleeding	**Elective Total Hip Replacement** **Hip Fracture Surgery** **General Surgery** Any of the following: ▪ **SCD, AV pump:** Intermittent pneumatic compression devices (IPC) ▪ **TED hose:** Graduated compression stockings (GCS)

DOCTORS MEDICAL CENTER
2000 Vale Road
San Pablo, CA 94806

CONGESTIVE HEART FAILURE
CORE MEASURE DOCUMENTATION
BR-6151-402 (7/10)

Patient Sticker Here

CORE MEASURE ALERT!

Congestive Heart Failure patients must have the following documented:

Congestive Heart Failure (CHF)	Initials	
1. **Left Ventricular Function Assessment:** ☐ Yes LVEF = _____ ☐ Not Done If no, MD listed reason in progress notes: _____	_____	MD To Complete
2. **ACEI or ARB for LVSD less than 40%:** ☐ Yes ☐ No If no, MD listed contraindications in progress notes: _____	_____	
3. **Adult Smoking Cessation:** ☐ Smoker (If smoked within 12 months) ☐ Non-Smoker Smoking Cessation counseling provided: ☐ Yes ☐ Patient Refused	_____	RN to Completed
4. **RN must initiate and complete home care instructions to include:** ☐ Weight ☐ Activity ☐ Diet, weight monitoring, activity ☐ Follow-up physician and appointment ☐ Instructions on when to call the MD if symptoms worsen Completed Home Care Instructions (General Medicine) ☐ Yes, on chart	_____	
5. **Medication Reconciliation:** Signed on Admission: ☐ Yes, on chart Signed by patient, RN & MD at discharge ☐ Yes Top copy given to patient at discharge ☐ Yes Medication list complete and legible ☐ Yes	_____ _____ _____ _____	

Please ensure all items have been addressed prior to discharging the patient.
If this form is not completed in full, you must HOLD the discharge until completed.

Initials / Signature, Title	Date/Time	Initials / Signature, Title	Date/Time
Initials / Signature, Title Case Manager	Date/Time	Initials / Signature, Title	Date/Time

ACE Synonyms	ARB Synonyms	Beta Blocker Meds
ACCUPRIL	ATACAND	ACEBUTOLOL
ALTACE	AVAPRO	ATENOLOL
BENAZEPRIL	BEICAR	BETAPACE
BENAZEPRIL HCL	CANDESARTAN	BETAPACE AF
CAPOTEN	COZAAR	BISOPROLOL
CAPTOPRIL	DIOVAN	BISOPROLOL /fumarate
ENALAPRIL	IRBESARTAN	BLOCADREN
ENALAPRILAT	LOSARTAN	BREVIBLOC
FOSINOPRIL	MICARDIS	CARVEDILOL
LISINOPRIL	OLMESARTAN	COREG
LOTENSIN	TELMISARTAN	CORGARD
MAVIK	VALSARTAN	ESMOLOL
MOEXIPRIL		INDERAL
MOEXIPRIL HCL		INDERAL LA
PRINIVIL		LABETOLOL
QUNIAPRIL		METOPROLOL
QUINAPRIL HCL		NADOLOL
RAMIPRIL		NORMODYNE
TRANDOLAPRIL		PINDOLOL
UNIVASC		PROPRANOLOL
VASOTEC		PROPRANOLOL HCL
ZESTRIL		SECTRAL
		SORINE
		SOTALOL
		SOTALOL HC1
		TENORMIN
		TENORMIN I.V.
		TOPROL
		TOPROL-XL
		TRANDATE HCL
		ZEBETA

abg

Marketing and Business Communications

Digital Proof Signoff Sheet

Date: 07-01-10

Customer Name: DOCTORS MEDICAL CENTER Sales Rep: DAN MILLER

Form #: BR-6151-405 Form Name: CORE MEASURE LABLE Job #: 00591130

1. **To proceed with printing, please print out a copy of the file and this Digital Proof Signoff Sheet.**
2. **Check the appropriate box below, sign, date and return or fax to your sales rep.**
3. **Please indicate changes on the proof by numbering the change and by cross-referencing on this signoff sheet.**

PLEASE READ CAREFULLY!

BY APPROVING, YOU ARE TAKING FULL RESPONSIBILITY THAT ALL COPY IS CORRECT

CHECK ONE AND SIGN BELOW:

☐ Print as is, No corrections

☐ Print with changes indicated if they amount to 5 or less words, and they do not alter the original format; otherwise an additional proof will be required.

☐ Don't print. Make corrections and show revised Proof.

Authorized Signature

Date

Proof: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Customer corrections and/or deletions to proof:

Please Note: ***Items such as punch holes, perf lines, scoring, diecuts and the words PROOF, SAMPLE, FACE, BACKER, Page No., Part No.'s will not print on the final copy***

ABG-DPSS

Attention: Core Measure Flag Patient

Attending Physician: _____

- ☐ Acute Myocardial Infarction (AMI)
- ☐ Congestive Heart Failure (CHF)
- ☐ Pneumonia (PN)
- ☐ Surgical Care Improvement Project (SCIP)

DOCTORS MEDICAL CENTER

Patient Sticker

Core Measure Alert Form Audit

(to be completed by Case Management)

1) ☐ Type of Core Measure
   - ☐ AMI
   - ☐ HF
   - ☐ PN
   - ☐ SCIP

2) ☐ Is the form on the chart?
   - ☐ Yes
   - ☐ No

Unit/Department: _____

Date: _____

3) ☐ Is the form complete?
   - ☐ Yes
   - ☐ No

4) ☐ If no, please indicate which area(s) is not complete?

	1	2	3	4	5	6	7
AMI	☐	☐	☐	☐	☐	☐	☐
HF	☐	☐	☐	☐	☐		
PN	☐	☐	☐	☐	☐		

	Pre-Op	Intra-Op				Post-Op				
	1	1	2	3	4	1	2	3	4	5
SCIP	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

5) ☐ Are all measures completed?
   - ☐ Yes
   - ☐ No

6) ☐ Signatures present?
   - ☐ Yes
   - ☐ No

7) ☐ How can we improve the core measure alert form?

8) ☐ Any other feedback?

Thank you for your help in delivering excellent patient care!
Please return to Quality upon completion